

# FORM NST 4

# **CONNECTICUT BAR EXAMINING COMMITTEE** **LEARNING DISABILITY VERIFICATION FORM**

(Information on this form must be typed)

**THIS FORM MUST BE COMPLETED; DO NOT MERELY REFER TO AN ATTACHED PSYCHO-EDUCATIONAL EVALUATION. IN ADDITION TO COMPLETING THIS FORM, YOU ARE ENCOURAGED TO ATTACH A PSYCHO-EDUCATIONAL EVALUATION.**

An applicant with a learning disability must have been identified by a psych-educational assessment process which includes data from cognitive, achievement and processing measures which are appropriate for the adult population. Testing must also have been administered within the last three years.

Indicate below the specific tests and scores used to identify the learning disabilities.

**Applicant Name:**

## COGNITIVE ASSESSMENT

(Acceptable tests include: WAIS-R, Stanford-Binet Intelligence Scale 4th ed., DTLA-A, KAIT and TONI-2.)

Date of assessment:

**Name of Test:**

**SCORES:** (include subtest scores, if applicable)

[illegible]





**Describe in detail your training and experience in the diagnosis of cognitive disabilities:**


**I certify that all the information on this form is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(License/Certification Number)

\_\_\_\_\_  
(Date)